

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/580792</b>		FILING DATE					
APPLICANT(S)														
CLAIMS														
①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8	1							58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15	1							65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
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23		1						73						
24	1							74						
25		1						75						
26		1						76						
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29		1						79						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4	↓	0	↓	0	↓		TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	26	←	0	←	0	←		TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	30		0		0			TOTAL CLAIMS	0		0		0	